

**DialogWeb**

Command Search

new search

databases

alerts

order

cost

logoff

help

**Display Sets****Search History**

Database Details

Set	Term Searched	Items	
S1	GYLCEMIA OR HYPERGLYCEMIA OR INSULIN OR DIABETES OR BLOOD GLUCOSE OR "DIABETES MELLITUS"	2206400	Display
S2	STATIN OR LOVASTATIN OR FLUVASTATIN OR ATORVASTAIN OR SIMVASTATIN OR PRAVASTATIN OR ITAVASTATIN OR ROSUVASTATIN	94430	Display
S3	METFORMIN	34518	Display
S4	METFORMIN	34518	Display
S5	DIABETES OR "TYPE II DIABETES" OR " INSULIN RESISTANT" OR "GLUCOSE INTOLERANT" OR HYPERINSULINEMIA OR "DIABETES MELLITUS TYPE II"	1336266	Display
S6	S1 AND S2 AND S3 AND S4 AND S5	993	Display
S7	METFORMIN (S) STATIN	49	Display
S8	S6 AND S7	44	Display
S9	CO-ADMINISTRATION OR "COMBINATION DRUG"	851	Display
S10	S8 AND S9	0	Display
S11	RD (unique items)	0	Display
S12	S8	44	Display
S13	RD (unique items)	22	Display
S14	"PHARMACEUTICAL COMPOSITION"	926	Display
S15	S13 AND S14	0	Display
S16	COMPOSITION OR DRUG	14258208	Display
S17	S15 AND S13	0	Display
S18	S13	22	Display
S19	Sort S18/ALL/PY	22	Display

Format

Free

Number of  
Records

10

Command

Submit

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**Dialog Response**

File 155:MEDLINE(R) 1950-2007/Jul 16  
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File 73:EMBASE 1974-2007/Jul 11  
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File 5:Biosis Previews(R) 1926-2007/Jul W2  
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File 34:SciSearch(R) Cited Ref Sci 1990-2007/Jul W3  
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File 144:Pascal 1973-2007/Jul W2  
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File 399:CA SEARCH(R) 1967-2007/UD=14704  
(c) 2007 American Chemical Society

File 45:EMCare 2007/Jul W2  
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File 71:ELSEVIER BIOBASE 1994-2007/Jul W3  
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File 135:NewsRx Weekly Reports 1995-2007/Jul W2  
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File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec  
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File 24:CSA Life Sciences Abstracts 1966-2007/Jun  
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Command

Submit

Previous

19/9/11 (Item 11 from file: 155)

15555350 PMID: 15958871

**Addressing the global cardiovascular risk of hypertension, dyslipidemia, diabetes mellitus, and the metabolic syndrome in the southeastern United States, part II: treatment recommendations for management of the global cardiovascular risk of hypertension, dyslipidemia, diabetes mellitus, and the metabolic syndrome.**

Bestermann William; Houston Mark C; Basile Jan; Egan Brent; Ferrario Carlos M; Lackland Dan; Hawkins Ralph G; Reed James; Rogers Philip; Wise Daniel; Moore Michael A  
Consortium for Southeastern Hypertension Control, Beaufort, South Carolina, USA.

American journal of the medical sciences ( United States ) Jun 2005 , 329 (6) p292-305 , ISSN: 0002-9629--Print **Journal Code:** 0370506

Publishing Model Print

**Document type:** Consensus Development Conference; Journal Article; Review

**Languages:** ENGLISH

**Main Citation Owner:** NLM

**Record type:** MEDLINE; Completed

**Subfile:** AIM; INDEX MEDICUS

An aggressive global approach to screening and to the management of the metabolic syndrome is recommended to slow the growth of the syndrome throughout the United States. Prevention should begin in childhood with healthy nutrition, daily physical activity, and annual measurement of weight, height, and blood pressure beginning at 3 years of age. Such screenings will identify cardiovascular risk factors early, allow the health care provider to define global cardiovascular risk with the COSEHC Cardiovascular Risk Assessment Tool, and allow treatment of each risk factor. Lifelong lifestyle modifications and pharmacologic therapy will be required in most patients. Antihypertensive therapy for these patients should begin with an angiotensin-converting enzyme inhibitor or an angiotensin receptor blocker unless a compelling indication for another drug is present. Metformin should be considered the first drug for glucose control in the patient with type 2 diabetes. A statin should be used initially for hyperlipidemia unless contraindicated. Combinations of antihypertensive, antihyperglycemic, and lipid-lowering agents will often be required. ( 109 Refs.)

**Descriptors:** \*Cardiovascular Diseases--prevention and control--PC; \*Hyperlipidemias --therapy--TH; \*Hypertension--therapy--TH; \*Metabolic Syndrome X--therapy --TH ; Adult; Antihypertensive Agents--therapeutic use--TU; Antilipemic Agents --therapeutic use--TU; Cardiovascular Diseases--etiology--ET; Child; Humans ; Hyperlipidemias--complications--CO; Hypertension--complications--CO; Hypoglycemic Agents--therapeutic use--TU; Life Style; Metabolic Syndrome X --complications--CO; Platelet Aggregation Inhibitors--therapeutic use--TU; Risk Factors; Southeastern United States  
**CAS Registry No.:** 0 (Antihypertensive Agents); 0 (Antilipemic Agents); 0 (Hypoglycemic Agents); 0 (Platelet Aggregation Inhibitors)

**Record Date Created:** 20050616

**Record Date Completed:** 20050711

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19/9/7 (Item 7 from file: 5)

18580712 Biosis No.: 200510275212

**Concept of the Type 2 diabetes polypill: statin, aspirin, metformin, thiazide and ACE-I or ARB (SAMTA-pill)**

**Author:** Varadhan L (Reprint); Gurushankar J; Lee J D; James D; Sheikh S; Morrissey J R; Patel V

**Author Address:** George Eliot Hosp, Ctr Diabet, Nuneaton, UK\*\*UK

**Journal:** Diabetologia 47 ( Suppl. 1 ): p A447-A448 AUG 2004 2004

**Conference/Meeting:** 40th Annual Meeting of the European-Association-for-the-Study-of-Diabetes Munich, GERMANY September 05 -09, 2004; 20040905

**Sponsor:** European Assoc Study Diabetes

**ISSN:** 0012-186X

**Document Type:** Meeting; Meeting Abstract

**Record Type:** Citation

**Language:** English

**Registry Numbers:** 57-88-5: cholesterol; 657-24-9: metformin; 79902-63-9: statin; 50-78-2: aspirin; 58-94-6: thiazide

**DESCRIPTORS:**

**Major Concepts:** Clinical Chemistry--Allied Medical Sciences; Cardiovascular Medicine--Human Medicine, Medical Sciences; Clinical Endocrinology--Human Medicine, Medical Sciences

**Diseases:** type 2 diabetes mellitus--endocrine disease/pancreas, metabolic disease, drug therapy; hypertension--vascular disease, drug therapy, mortality, diagnosis

**Mesh Terms:** Diabetes Mellitus, Non-Insulin-Dependent (MeSH); Hypertension (MeSH)

**Chemicals & Biochemicals:** cholesterol; metformin--antidiabetic-drug; statin; aspirin--enzyme inhibitor-drug, antithrombotic-drug, hematologic-drug, cardiovascular-drug; thiazide; SAMTA-pill; ACE-I {angiotensin converting enzyme inhibitor}

**Methods & Equipment:** UKPDS cardiac risk score--clinical techniques, diagnostic techniques; eye examination--clinical techniques; Alphabet Strategy--therapeutic and prophylactic techniques, clinical techniques; cholesterol profile-- clinical techniques, diagnostic techniques; foot examination--clinical techniques

**Miscellaneous Terms: Concept Codes:** blood pressure; disease morbidity; Meeting Abstract

**Concept Codes:**

00520 General biology - Symposia, transactions and proceedings

10006 Clinical biochemistry - General methods and applications

10060 Biochemistry studies - General

10067 Biochemistry studies - Sterols and steroids

12504 Pathology - Diagnostic

12512 Pathology - Therapy

13020 Metabolism - Metabolic disorders

14506 Cardiovascular system - Heart pathology

14508 Cardiovascular system - Blood vessel pathology

17002 Endocrine - General

17008 Endocrine - Pancreas

22008 Pharmacology - Blood and hematopoietic agents

22010 Pharmacology - Cardiovascular system

22016 Pharmacology - Endocrine

35500 Allergy

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19/9/8 (Item 8 from file: 155)

14997920 PMID: 15257254

**Management of the metabolic syndrome.**

Scheen A J

Division of Diabetes, Nutrition and Metabolic Disorders, Department of Medicine, CHU Sart Tilman, Liege, Belgium. andre.scheen@chu.ulg.ac.be

Minerva endocrinologica ( Italy ) Jun 2004 , 29 (2) p31-45 , ISSN: 0391-1977--Print **Journal Code:** 8406505

Publishing Model Print

**Document type:** Journal Article; Review

**Languages:** ENGLISH

**Main Citation Owner:** NLM

**Record type:** MEDLINE; Completed

**Subfile:** INDEX MEDICUS

The metabolic syndrome (MetS) is strongly associated with insulin resistance and consists of a constellation of factors that raise the risk for cardiovascular diseases and diabetes mellitus. Therefore, the primary goals of treating MetS are prevention of type 2 diabetes and cardiovascular events. Three levels of intervention may be considered for individuals with MetS : 1) management of underlying risk conditions by controlling weight excess, enhancing regular physical exercise and promoting healthy diet; 2) management of individual risk factors such as dyslipidaemia, hypertension, hyperglycaemia and prothrombotic state; and 3) targeting insulin resistance by using specific insulin sensitizers such as thiazolidinediones. The most important therapeutic intervention effective in subjects with MetS should focus on modest weight reduction and regular leisure-time physical activities. Although lifestyle modification is the first-line therapy, drug therapy may be necessary in many patients to achieve recommended goals regarding lipid profile, blood pressure and blood glucose control. Rather than to use a magic bullet that might fully reverse the underlying cause of the syndrome, one appealing alternative would be to use a so-called "polypill" targeting each of the components of MetS. However, such a polypill should ideally contain numerous molecules that all have shown a potential interest for the management of MetS such as metformin, acarbose, a thiazolidinedione, a statin, a fibrate, an inhibitor of the renin-angiotensin system, aspirin. The growing prevalence and high-risk nature of MetS highlights the need to identify individuals with this condition and to treat them with an aggressive multitargeted approach. ( 100 Refs.)

**Descriptors:** \*Cardiovascular Diseases--therapy--TH; \*Diabetes Mellitus, Type 2--therapy --TH; \*Hyperlipidemias--therapy--TH; \*Metabolic Syndrome X--therapy--TH ; Blood Glucose--metabolism--ME; Cardiovascular Diseases--physiopathology--PP ; Diabetes Mellitus, Type 2--physiopathology--PP; Exercise; Food Habits; Humans; Hyperglycemia--therapy--TH; Hyperlipidemias--physiopathology--PP; Hypertension--therapy--TH; Insulin Resistance; Life Style; Metabolic Syndrome X--physiopathology--PP; Weight Loss

**CAS Registry No.:** 0 (Blood Glucose)

**Record Date Created:** 20040716

**Record Date Completed:** 20040903

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